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Jan 22, 02

Jane C. Baker

Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Diana Downs, et al.  
Serial No.: 09/955,502  
Filed: September 18, 2001  
For: METHOD FOR PREVENTING SUPEROXIDE  
DAMAGE TO CELLS AND OXYGEN LABILE  
PROTEINS  
Group Art Unit: 1645  
Examiner: --

Commissioner for Patents  
Washington, D.C. 20231

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FEB 25 2002

TECH CENTER 1600/2900

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicants hereby request a corrected filing receipt in the above-identified case. The Attorney Docket No. should be --960296.97559-- not "960296.98407".

No fees are believed necessary to enter this correction. However, if a fee is necessary, please charge Deposit Account 17-0055.

Respectfully submitted,

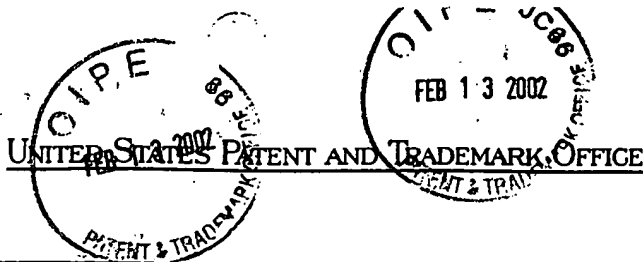
Diana Downs, et al.

January 22, 2002

By:

Jane C. Baker

Jean C. Baker  
QUARLES & BRADY LLP  
411 East Wisconsin Avenue  
Milwaukee, WI 53202  
Reg. No.: 35,433  
(414) 277-5709



COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/955,502	09/18/2001	1645	420	960296.98407	8	15	3

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CONFIRMATION NO. 9804

27114  
QUARLES & BRADY LLP  
411 E. WISCONSIN AVENUE, SUITE 2040  
MILWAUKEE, WI 53202-4497

FEB 25 2002

UPDATED FILING RECEIPT



\*OC000000007307097\*

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Date Mailed: 01/14/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Diana Downs, Madison, WI;  
Jeff A. Gralnick, Madison, WI;

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**Domestic Priority data as claimed by applicant**

THIS APPLN CLAIMS BENEFIT OF 60/234,588 09/22/2000

**Foreign Applications**

If Required, Foreign Filing License Granted 10/19/2001

Projected Publication Date: 04/25/2002

Non-Publication Request: No

Early Publication Request: No

**\*\* SMALL ENTITY \*\***

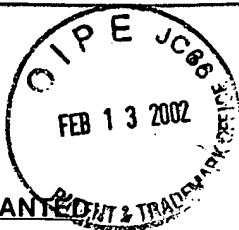
**Title**

Method for preventing superoxide damage to cells and oxygen-labile proteins

**Preliminary Class**

435

JAN 18 2002



**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184**

**Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 9804

<b>SERIAL NUMBER</b> 09/955,502	<b>FILING DATE</b> 09/18/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 960296.97559
<b>APPLICANTS</b> Diana Downs, Madison, WI; Jeff A. Gralnick, Madison, WI;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/234,588 09/22/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 10/19/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27114				
<b>TITLE</b> Method for preventing superoxide damage to cells and oxygen-labile proteins				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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